

**JAMAICA RACING COMMISSION**  
**Jamaica Racing Commission (Prescribed Form) Regulations, 2007**  
**RULE 2 – FORM 1**

**20.....**  
**APPLICATION**

**FOR**  
**OCCUPATIONAL LICENCES**

**N.B. Applicant(s) for renewal(s) ONLY, need NOT answer questions 3,4,5,10 & 11**

Licence Type(s) required {Tick appropriate box(es)}					
Trainer	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Assistant Trainer	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Jockey	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Apprentice Jockey	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Groom	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Stable Assistant	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Exercise Rider	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Jockeys' Agent	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Farrier	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Assistant Farrier	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>

1. **NAME OF** (last name) ..... (Mr/Miss/Mrs.)

**APPLICANT** (first & middle names) .....

2. **DATE OF BIRTH** ..... 3. **TRN :** .....

4. **NATIONALITY** ..... 5. **NIS #.** .....

6. **HOME ADDRESS** .....

7. **HOME TELEPHONE #** ..... **CELL. #** .....

8. **BUSINESS ADDRESS** .....

9. **BUSINESS TELEPHONE #.** .....

10. **ARE YOU A GRADUATE OF THE JAMAICA RACING COMMISSION'S:**

(a) ASSISTANT-TRAINERS' COURSE Yes  If so, when ..... No

(b) JOCKEYS' TRAINING SCHOOL Yes  If so, when ..... No

(c) GROOMS' TRAINING COURSE Yes  If so, when ..... No

11. **HAVE YOU EVER HAD A LICENCE ISSUED TO YOU?** .....

IF YES, WHEN WAS THE FIRST LICENCE ISSUED TO YOU? ..... AND WHAT LICENCE TYPE(S) .....

12. **HAVE YOU EVER BEEN LICENSED IN ANY OTHER RACING JURISDICTION?** .....

IF SO, WHERE AND WHEN .....

13. **HAS/HAVE YOUR LICENCE(S) EVER BEEN REVOKED, SUSPENDED OR DENIED AT ANY TIME BY THE JAMAICA RACING COMMISSION OR ANY OTHER RACING AUTHORITY?**.....

IF YES, STATE WHEN, THE LENGTH OF REVOCATION OR SUSPENSION, AND REASON(S) .....

.....



14. **HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OTHER THAN A BREACH OF THE ROAD TRAFFIC ACT?**.....  
 IF YES, STATE WHEN AND OTHER PARTICULARS .....
15. **NAME OF CONTACT PERSON/NEXT OF KIN** .....  
 (in the event of emergency)
16. **CONTACT PERSON'S ADDRESS** .....  
**TELEPHONE #:** .....

I DECLARE that the answers given to the foregoing questions are true and accurate.

I further declare that should a permit be granted to me I agree to be bound in all respects by the Jamaica Racing Commission Racing Rules 1977 in force from time to time and by all decisions issued by the Jamaica Racing Commission, its delegates or agents in the course of administering the said Rules.

I hereby attach the prescribed fees, for the licence(s) requested, in the sum of (\$.....).

I consent and direct that the Jamaica Racing Commission enroll me in the Racing Industry Insurance Scheme and pay to the "Trustees" on my behalf the sum of (\$.....) being my premium for membership in the Racing Industry Insurance Scheme, during the period of the licence(s) sought.

.....  
 APPLICANT'S SIGNATURE

.....  
 DATE

**FOR OFFICIAL USE ONLY**

1. CAN APPLICANT READ AND WRITE? .....
2. TO WHAT LEVEL? .....

Certifying Officer's Signature .....

Date .....

**REMARKS** .....

Operations Steward .....

Date: .....

3. **DECISION OF THE LICENCING COMMITTEE:**

	Approved	Not Approved		Approved	Not Approved
Trainer	<input type="checkbox"/>	<input type="checkbox"/>	Groom	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Trainer	<input type="checkbox"/>	<input type="checkbox"/>	Stable Asst.	<input type="checkbox"/>	<input type="checkbox"/>
Jockey	<input type="checkbox"/>	<input type="checkbox"/>	Exer. Rider	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice Jockey	<input type="checkbox"/>	<input type="checkbox"/>	Jockeys Agent	<input type="checkbox"/>	<input type="checkbox"/>
Farrier	<input type="checkbox"/>	<input type="checkbox"/>	Asst. Farrier	<input type="checkbox"/>	<input type="checkbox"/>

4. **REMARKS** .....

SIGNATURE ..... DATE .....

**TO BE COMPLETED BY APPLICANT FOR AN ASSISTANT TRAINER'S,  
GROOM'S, ASSISTANT FARRIER AND/OR STABLE ASSISTANT'S LICENCE**

**NAME OF** (last name) ..... (Mr./Miss/Mrs.)

**APPLICANT** (first & middle names) .....

**DATE OF BIRTH** .....

1. **NAME(S) OF RACEHORSE(S) GROOMED BY YOU LAST YEAR** .....

2. **NAME THE TRAINER(S) / FARRIER TO WHOM YOU WERE LICENSED LAST YEAR** .....

3. **NAME OF LICENSED TRAINER / FARRIER TO WHOM YOU WILL BE EMPLOYED** .....

4. I, Trainer / Farrier ..... DECLARE that this applicant is known to me, to be of good character, and therefore would be willing to have him/her as my assistant trainer/groom/stable assistant under the Rules of Racing. I therefore recommend that an assistant trainer/groom/stable assistant licence be granted to him/her.

SIGNATURE OF TRAINER / FARRIER .....

DATE .....

**TO BE COMPLETED BY APPLICANT FOR AN EXERCISE RIDER'S LICENCE**

**NAME OF** (last name) ..... (Mr./Miss/Mrs.)

**APPLICANT** (first & middle names) .....

**DATE OF BIRTH** .....

**NAME OF THE LICENSED TRAINERS RECOMMENDING THIS APPLICATION AND WHO WOULD BE WILLING TO CONTRACT THE APPLICANT IN THE CAPACITY OF EXERCISE RIDER**

1. ....  
NAME SIGNATURE

2. ....  
NAME SIGNATURE

3. ....  
NAME SIGNATURE

4. ....  
NAME SIGNATURE

5. ....  
NAME SIGNATURE

